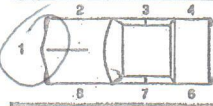
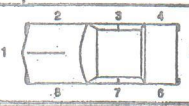


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE																																																							
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		1		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS		<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																																																	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON				DATE OF CRASH: DAY		FRI		TIME: MILITARY		1330																																													
CRASH OCCURRED ON								1530 Walmart Drive								WITHIN THE INTERSECTION OF																																															
IF NOT IN INTERSECTION								(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)								CITY CODE																																															
LOG-1		LOG-2		LOC		JUR		FH9		FILT																																																					
A		UNIT NO.		1		NO OF OCCUPANTS		1		OPERATING		<input checked="" type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN NON CONTACT		<input type="checkbox"/>		INSURANCE CO OR AGENT		Campbell and Associates																																			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)								Lykins, Matthew D.								ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)								319 E Main Street Lebanon OH 45036																																							
PHONE NO.				513-929-8793				BIRTH DATE				05/10/83				AGE				31				SEX				M				SOCIAL SECURITY NO.								STATE				OH				DRIVER'S LICENSE NO.				RX283294				OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME)								SAME								ADDRESS																PHONE																															
VEH YR		2001		MAKE		Ford		MODEL		Escape		COLOR		Red		STYLE		SW		STATE		OH		LICENSE PLATE NO.		FJE 3131		TOWING SERVICE				VEH/PED DIR		FROM S TO NE																													
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input checked="" type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																																					
8		UNIT NO.				NO OF OCCUPANTS				OPERATING		<input type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN NON-CONTACT		<input type="checkbox"/>		INSURANCE CO. OR AGENT																																					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)																ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																																															
PHONE NO.								BIRTHDATE								AGE								SEX								SOCIAL SECURITY NO.								STATE								DRIVER'S LICENSE NO.								OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME)								Property - Light Pole								ADDRESS																PHONE																															
VEH YR				MAKE				MODEL				COLOR				STYLE				STATE				LICENSE PLATE NO.				TOWING SERVICE				VEH/PED DIR		FROM TO																													
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																																					
C		FROM UNIT NO.				NAME (LAST, FIRST, MI)				BIRTHDATE				AGE				SEX				POSITION		A B C D E F		INJURIES		5 A B C D E F																																			
D		FROM UNIT NO.				NAME (LAST, FIRST, MI)				BIRTHDATE				AGE				SEX				A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED																																							
E		FROM UNIT NO.				NAME (LAST, FIRST, MI)				BIRTHDATE				AGE				SEX				A B C D E F		CONDITION		A B C D E F																																					
F		FROM UNIT NO.				NAME (LAST, FIRST, MI)				BIRTHDATE				AGE				SEX				A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN																																							
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		ALCOHOL		A B C D E F																																							
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN																																							
A		B		C		OFFENSE CHARGED AND DESCRIPTION				A		B		C		D		E		F		EJECTION		A B C D E F																																							
O		B		C		OFFENSE CHARGED AND DESCRIPTION				A		B		C		D		E		F		DRUGS		A B C D E F																																							
RECEIVED CALL		1323		DISPATCHED		1331		ARRIVED		1333		CLEARED		1413		OTHER TIME		15		TOTAL MINUTES		55		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG																																					
DATE REPORT FILED		06/20/14		PHOTOS		YES NO		OFFICER'S NAME		Pt. Brock		BADGE NO.		126		CHECKED BY																																															

LOCAL FILE NO

2014-10-510

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION